

- 3. Equipment Purchased \$5,000 and Over.** Attach documentation to support the percent used by the CACFP and for determining annual depreciation. Budget approval does not constitute State agency approval to purchase specific equipment. (See instructions).

Item	Purchase Date	Total Cost	Life Expectancy	Annual Depreciation	Percent Allocated to CACFP	CACFP Annual Depreciation	Monthly Cost to CACFP
1. example: copier	2/00	\$5,500	7 years	\$785.71	50%	\$393	\$32.75
2.							
3.							
4.							
5.							
6.							
7.							
<b>Total (3)</b>							

**DEPRECIATION AND USE ALLOWANCE:**

\$ \_\_\_\_\_

Depreciation example for a \$5,500 copier with a useful life of 7 years:

$$\$5,500 \div 7 = \$785.71$$

$$\$785.71 \times .5 \text{ (\% allocated to CACFP)} = \$393, \text{ or the annual depreciation amount}$$

$$\$393 \div 12 = \$32.75, \text{ or the monthly depreciation amount}$$

4. **Durable Supplies Purchased Under \$5,000, Greater than 1 Year Life Expectancy.** Attach documentation to support the percent used by the CACFP. Additional documentation may be required.

Item/Description	Purchase Date	Total Cost	Percent Allocated to CACFP	Monthly Cost to CACFP	Annual Cost to CACFP
1.					
2.					
3.					
4.					
5.					
6.					
7.					
Total (4)					

**Equipment Inventory.** Attach an inventory of all equipment currently available for use by CACFP staff, including the quantity and type of each item listed. **If there have been no additions or changes to the inventory from the prior year, check here:** ☐

5. **Office Supplies Purchased Under \$5,000, Less than 1 Year Life Expectancy.** Attach documentation to support the percent used by the CACFP.

Item/Description	Cost/Unit	Quantity	Total Cost	% Allocated to CACFP	Monthly Cost	Annual Cost
1.						
2.						
3.						
4.						
5.						
6.						
7.						
Total (5)						

6. **Educational Supplies Purchased Under \$5,000, Less than 1 Year Life Expectancy.** Attach documentation to support the percent used by the CACFP.

Item/Description	Cost/Unit	Quantity	Total Cost	% Allocated to CACFP	Monthly Cost	Annual Cost
1.						
2.						
3.						
4.						
5.						
6.						
7.						
<b>Total (6)</b>						

7. **Postage.** The cost of postage meter rental or purchase must be listed under Equipment Rental or Lease, while postage refills should be listed here. Attach documentation to support the percent used by the CACFP.

Item/Description	Cost/Unit	Quantity	Total Cost	% Allocated to CACFP	Monthly Cost	Annual Cost
1.						
2.						
3.						
4.						
5.						
6.						
7.						
<b>Total (7)</b>						

**Total of lines 4 through 7:**

**MATERIALS AND SUPPLIES**

**\$\_\_\_\_\_**

- 8. Professional Printing.** Do not include the cost of copying, which should be listed under Office Supplies (e.g., toner, paper, etc.). Attach documentation to support the percent used by the CACFP.

Item/Description	Cost/Unit	Quantity	Total Cost	% Allocated to CACFP	Monthly Cost	Annual Cost
1.						
2.						
3.						
4.						
5.						
6.						
7.						
<b>Total (8)</b>						

**PRINTING, PUBLISHING and REPRODUCTION**

**\$** \_\_\_\_\_

**9. Facility and Space.** If office space is shared by more than one program, attach a description of the allocation method used to determine the CACFP portion of office space costs.

A. Check all that apply:

\_\_\_\_\_ Space is rented or leased. If more than one office is used, provide rental/lease information for each. Attach a copy of each new or renewed lease and identify with attachment number(s).

\_\_\_\_\_ Space is partially or fully owned by the sponsoring organization, its personnel, or relatives/friends thereof. Attach a description and documentation to support the method used to calculate costs charged to the CACFP. NOTE: Costs associated with less-than-arms-length lease arrangements are limited to what is chargeable using depreciation or use allowances.

\_\_\_\_\_ Office maintenance is included in the rental or lease agreement.

\_\_\_\_\_ Utilities are included in the rental or lease agreement.

B. For rented or leased space, provide the following:

\_\_\_\_\_  
Name of Lessor Relationship to Lessee

\_\_\_\_\_  
Street Address City, State, Zip Phone Number

C. Indicate length of rental or lease agreement: \_\_\_\_\_  
From (date) To (date)

D. Total square footage of office space: \_\_\_\_\_ Total square footage used by CACFP: \_\_\_\_\_

Total Monthly Rental	Percent Allocated to CACFP	Monthly Cost to CACFP	Annual Cost to CACFP

**FACILITY AND SPACE:** \$ \_\_\_\_\_

**10. Utilities.** Include utility costs not included in office rental or lease agreements. Attach documentation to support the percent allocated to the CACFP.

Utility Charges	Total Cost	% Allocated to CACFP	Monthly CACFP Cost	Annual CACFP Cost
1. Electricity				
2. Gas				
3. Water/Sewer				
<b>Total (10)</b>				

**UTILITIES:** \$ \_\_\_\_\_

**11. Insurance Premiums.** Attach a copy of all new or renewed policies as well as documentation supporting the percent allocated to the CACFP.

Type of Insurance	Name of Company	Policy Number	Total Cost	% Allocated to CACFP	Monthly Cost to CACFP	Annual Cost to CACFP
1. Fire						
2. Liability						
3. Bonding						
<b>Total (11)</b>						

**INSURANCE:** \$ \_\_\_\_\_

**12. Contracted Services.** Attach copies of all contracts as well as documentation to support the percent allocated to the CACFP.

Type of Service	# of Contract Months	Total Cost	% Allocated to CACFP	Monthly Cost to CACFP	Annual Cost to CACFP
1. Maintenance					
2. Accounting					
3. Legal Consultant					
4. Other (specify)					
<b>Total (12)</b>					

Relationship to sponsor staff or Board: \_\_\_\_\_

**CONTRACTED SERVICES:**      \$ \_\_\_\_\_

**13. Equipment Rental or Lease.** Attach copies of all equipment rental agreements or leases as well as documentation supporting the percent allocated to the CACFP.

Type of Equipment	Total Cost	% Allocated to CACFP	Monthly Cost to CACFP	Annual Cost to CACFP
1.				
2.				
3.				
4.				
<b>Total (13)</b>				

**EQUIPMENT RENTAL or LEASE:**      \$ \_\_\_\_\_

**14. Communication.** Attach documentation to support the percent allocated to the CACFP.

Communication Fees	Total Cost	% Allocated to CACFP	Monthly Cost to CACFP	Annual Cost to CACFP
1. Service Charges				
2. Long Distance Charges				
3. Cellular Charges (# of units:___)				
4. Pager Charges (# of units:___)				
5. Internet Charges				
6. Other (specify)				
<b>Total (14)</b>				

**COMMUNICATIONS:** \$ \_\_\_\_\_

**15. Advertising/Public Relations.** Attach documentation to support the percent allocated to the CACFP.

Purpose/Description	Total Cost	% Allocated to CACFP	Monthly Cost to CACFP	Annual Cost to CACFP
1.				
2.				
3.				
<b>Total (15)</b>				

**ADVERTISING/PUBLIC RELATIONS:** \$ \_\_\_\_\_



- 16. Memberships, Subscriptions or Professional Activities.** Attach documentation supporting the percent related to and allocated to the CACFP.

<b>Dues, Subscription or Membership</b>	<b>Purpose</b>	<b>Indicate Group or Individual Membership*</b>	<b>Total Cost</b>	<b>% Allocated to CACFP</b>	<b>Monthly Cost to CACFP</b>	<b>Annual Cost to CACFP</b>
1.						
2.						
3.						
<b>Total (16)</b>						

\* Individual membership will only be approved when the membership organization will not accept group memberships. Attach documentation if applicable.

**MEMBERSHIPS, SUBSCRIPTIONS OR PROFESSIONAL ACTIVITIES:** \$ \_\_\_\_\_

- 17. Licensing- Expenses.** List projected number of homes and corresponding average per home cost.

<b>Number of Homes</b>	<b>Average Assistance Per Home</b>	<b>Monthly Cost to CACFP</b>	<b>Annual Cost to CACFP</b>
<b>Total (17)</b>			

**LICENSING EXPENSES:** \$ \_\_\_\_\_

- 18. Travel for Program Operations/Monitoring.** List costs for provider monitoring and technical assistance visits, travel to provider training (if applicable), and all other program-related activities. Travel for sponsor staff training, meetings and conferences should be reported under either Travel for In-State Meetings or Travel for Out-of-State Meetings.

Employee Name	Purpose of Travel	Monthly Averages				Annual Cost to CACFP
		Miles	Lodging	Meals	Total	
1.						
2.						
3.						
4.						
5.						
Total (18)						

Rate used to compute miles: \$ \_\_\_\_\_

TRAVEL FOR PROGRAM OPERATIONS: \$ \_\_\_\_\_

- 19. Travel for In-State Meetings, Workshops and Related Staff Training.**

Meeting/Workshop	Employee Name/ # of Employees Attending	Registration Fee	Mileage/ Airfare	Lodging	Meals	# of Days	Annual Cost to CACFP
State Agency Training							
2.							
3.							
4.							
5.							
Total (19)							

- 20. Travel for Out-of-State CACFP-Related Conferences or Training.** Provide a written request with actual expenses 30 days prior to travel. If the conference or event is not CACFP-focused, travel costs must be prorated. Attach documentation supporting the percentage allocated to the CACFP.

Name of Conference or Training	Employee Name/ # of Employees Attending	Registration Fee	Mileage/ Airfare	Lodging	Meals	Number of Days	Annual Cost to CACFP
State Agency Training							
2.							
3.							
4.							
5.							
% Allocated to CACFP:							%
Total (20)							

Total of lines 19 and 20:

MEETINGS AND CONFERENCES:

\$ \_\_\_\_\_

- 21. Annual Provider Training.** Include non-travel related costs for conducting provider training workshops. Attach copies of training agendas as well as documentation supporting the percent allocated to the CACFP, if applicable. Line item for provider training should total at least 1.5% of total budget.

Item/Description	Total Cost	% Allocated to CACFP	Monthly Cost to CACFP	Annual Cost to CACFP
1. Facility Rental				
2. Training Supplies (specify)				
3. Training Equipment (specify)				
4. Other (specify)				
<b>Total (21)</b>				

Number of workshops scheduled: \_\_\_\_\_

Workshop Locations:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

(or attach workshop schedule)

**PARTICIPANT TRAINING and OTHER SUPPORT:** \$ \_\_\_\_\_

- 22. Staff Training.** Include non-travel related costs for conducting staff training workshops. Attach copies of training agendas as well as documentation supporting the percent allocated to the CACFP, if applicable.

Item/Description	Total Cost	% Allocated to CACFP	Monthly Cost to CACFP	Annual Cost to CACFP
Facility Rental				
Training Supplies (specify)				
Training Equipment (specify)				
Registration Fees				
Other (specify)				
<b>Total (26)</b>				

Number of workshops scheduled: \_\_\_\_\_

Workshop Locations:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_ (or attach workshop schedule)

Frequency of training: \_\_\_\_\_  
(e.g., monthly, quarterly, etc.)

**STAFF TRAINING:** \$ \_\_\_\_\_

- 23. Indirect Costs.** Attach a copy of your organization's cost allocation plan, including detail on costs included in the indirect cost pool. If applicable, attach documentation of the approval of your cost allocation plan and indirect cost rate by your organization's cognizant agency.

Indirect Cost Rate	Plan Approved By:	Monthly Cost to CACFP	Annual Cost to CACFP
%			

**INDIRECT COSTS:**        \$\_\_\_\_\_